



**BUSINESS LICENSE COMMISSION**  
**COUNTY OF LOS ANGELES**  
374 KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET  
LOS ANGELES, CA 90012  
(213) 974-7691



May 20, 2011

Chuck Heacock  
Elite Fitness Compound  
18655 Soledad Canyon  
Santa Clarita, CA 91351

MEMBERS  
**STEVEN AFRIAT**  
*PRESIDENT*  
**RENÉE CAMPBELL**  
*VICE-PRESIDENT*  
**SARA VASQUEZ**  
*SECRETARY*  
**JAMES BARGER**  
*COMMISSIONER*  
**SHAN LEE**  
*COMMISSIONER*

**HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC**  
**BUSINESS LICENSE ID #138059**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, June 8, 2011 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

**RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS**

**You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost.** In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either a **professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost in Lot 14, the Music Center lot, located at the corner of Grand Avenue and Temple Street. A map is enclosed. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT  
President

Twila P. Kerr  
Commission Staff

NOTICE TO PRINTER  
STATE LAW REQUIRES THAT THIS  
LEGAL ADVERTISEMENT SHALL BE SET  
IN TYPE NOT SMALLER THAN NONPAREIL ( 6 PT. )

**CUSTOMER CODE : Z 91085**

**NEWSPAPER :.....NEWHALL SIGNAL**

**PUBLISH 3 TIMES**

**1<sup>ST</sup> PUBLISHING DATE:.....05/12/2011**

**2<sup>ND</sup> PUBLISHING DATE:.....05/19/2011**

**3<sup>RD</sup> PUBLISHING DATE:.....05/26/2011**

**REPRINTS ORDERED: NONE**

**NOTICE ON HEARING TO CONDUCT**

**HEALTH SPA/CLUB/SC**

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN  
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE  
COMMISSION TO CONDUCT

**ADVANCE PROOF REQUESTED**

**ADDRESS OF PREMISES:.....18655 SOLEDAD CYN**  
**SANTA CLARITA, CA 91351**  
**NAME OF APPLICANT:.....ELITE FITNESS COMPOUND / CHUCK**  
**HEACOCK**  
**ELITE FITNESS COMPOUND**  
**DATE OF HEARING:.....06/08/2011**  
**TIME OF HEARING:.....09:00 A.M.**

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF  
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS  
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING OF THE HEARING AND BE HEARD  
RELATIVE THERETO”**

**OFFICE OF THE COMMISSION:**

OFFICE OF THE COMMISSION  
500 W. TEMPLE STREET RM. 374  
LOS ANGELES, CA 90012

**RETURN TO:**

LOS ANGELES COUNTY TAX COLLECTOR  
BUSINESS LICENSE SECTION  
225 N. HILL STREET RM. 109  
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 347-1111**

OWNER OF BUSINESS: **CHUCK HEACOCK**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ELITE FITNESS COMPOUND**

MAILING ADDRESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	04/28/11	
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/12/11	
<input checked="" type="checkbox"/> 4. Fire Department	YES	04/26/11	
<input checked="" type="checkbox"/> 5. Public Health	YES	01/25/11	
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	04/14/11	
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/04/11	
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	05/12/11	
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/13/11	

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 1535

ID # 138059

APPLICANT INFORMATION

Applicant's Full Name: <u>Chuck HEACOCK</u>		
Home Address: <u>29103 Marilyn Dr</u>		
Home Telephone: <u>661 713 9174</u>	Cell Phone: <u>661 347-1111</u>	Email address: <u>Chuck hotterwheels@yahoo.com</u>
Social Security #: <u>- - - - -</u>	Date of Birth: <u>02/06/64</u>	Place of Birth: <u>Bay</u>
Driver's License or State ID#: <u>- - - - -</u>		Expiration Date: <u>1</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height <u>58</u>	Weight <u>200</u> Hair Color <u>BRN</u> Eye Color <u>BR</u>

BUSINESS INFORMATION

Type of Business: <u>(8436)</u> <u>HEALTH CLUB / SPA</u>	Address of Business: <u>18655 SOLEDAD Cyn</u>	
	Business Telephone: <u>347-1111</u>	
DBA (Business Name): <u>ELITE FITNESS COMPOUND</u>	Mailing Address: <u>SAME</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles
<u>Chuck Heacock</u>	<u>29103 Marilyn</u>	<u>Member</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 12/29/10 Applicant's Signature: [Signature]

Application taken by: [Signature] Date: 12/29/10

# ZONING REFERRAL

I.D. #: 138659

TO: CITY OF SANTA CLARITA  
COMMUNITY DEVELOPMENT/PLANNING  
23920 VALENCIA BLVD., STE # 302  
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR  
BUSINESS LICENSE SECTION  
23757 VALENCIA BLVD  
SANTA CLARITA CA 91355

DATE: 12/29/10

TYPE OF BUSINESS(ES) 8436 - HEALTH CLUB / SPA

ADDRESS OF BUSINESS 18655 Soledad Cyn

CITY Santa Clarita ZIP CODE 91351

NAME OF OWNER CHUCK HERCOCK

"DBA" Elite Fitness Compound TEL. #: 661-713-9174

MAILING ADDRESS Same

EXISTING USE YES ☒ NO ( )

USE PERMITTED IN ZONE approved USE NOT PERMITTED IN ZONE  
"APPROVED" "DENIED"

REMARKS

[Signature]  
SIGNATURE OF ZONING OFFICER

12-29-10  
DATE



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 347-1111**

OWNER OF BUSINESS: **CHUCK HEACOCK**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ELITE FITNESS COMPOUND**

MAILING ADDRESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**RISK MANAGEMENT  
LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: Meets insurance requirements

SIGNATURE: Kerry Fusc

DATE: 4/26/2011

BASIC LICENSE NO. **8436**

DATE **04/26/11**

IDENTIFICATION NUMBER **138059**

Apr. 6. 2011 8:54AM SANTA CLARITA FIRE PREVENTION  
Jan-25-2011 02:16pm From-LACOFD FIRE MARSHAL

3238904055

NO. 7551 I. 010  
T-102 P.012 F-842 107**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

NRSC

KIND OF BUSINESS: HEALTH SPA/CLUB/SC

ADDRESS OF BUSINESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

TELEPHONE: (661) 347-1111

OWNER OF BUSINESS: CHUCK HEACOCK

CAL. DR. LIC#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ELITE FITNESS COMPOUND

MAILING ADDRESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT  
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

4/18/2011

BASIC LICENSE NO. 8436

DATE 01/03/11

IDENTIFICATION NUMBER 138059

138059

911-00119

COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

✓ Veronica

BUSINESS LICENSE  
APPLICATION REFERRAL

KIND OF BUSINESS: ~~HEALTH SPA/CLUB/SC~~

ADDRESS OF BUSINESS: ~~18655 SOLEDAD CYN, SANTA CLARITA, CA 91351~~

TELEPHONE: (661) 347-1111

OWNER OF BUSINESS: ~~CHUCK HEACOCK~~

Charles  
2/6/64

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ~~ELITE FITNESS COMPOUND~~

MAILING ADDRESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Approved

SIGNATURE: Up 536470

DATE: 4/4/11

BASIC LICENSE NO. 8436

DATE 01/03/11  
1/30

IDENTIFICATION NUMBER 138059  
RB

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

TELEPHONE: **(661) 347-1111**

OWNER OF BUSINESS: **CHUCK HEACOCK**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **ELITE FITNESS COMPOUND**

MAILING ADDRESS: **18655 SOLEDAD CYN, SANTA CLARITA, CA 91351**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

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**BUILDING & SAFETY  
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: 

DATE: 1/5/11

BASIC LICENSE NO. **8436**

DATE **01/03/11**

IDENTIFICATION NUMBER **138059**

# Certificate of Occupancy

City of Santa Clarita

Department of Planning and Building Services

Building and Safety Division

Pursuant to Section 109 of the City of Santa Clarita Building Code, this certifies that the referenced building complies with the requirements of said code and with the ordinances of the City of Santa Clarita regulating building construction or use.

Business Name: S.C. ATHLETIC CLUB

Building Permit Number: 30000708

Project Description: 23,260 sq.ft. Gym

Building Address: 18655 Soledad Canyon Road, Canyon Country, CA

Occupancy Group Classification: MX/HLTH CLUB DECEMBER 11, 2001

Owner: Mr. Ron Hamilton

Effective Date: 12/13/2001

  
Inspector

  
Building Official

Post in a Conspicuous Place



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

1/3/11

**BUSINESS LICENSE  
APPLICATION REFERRAL**

70

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

TELEPHONE: (661) 347-1111

OWNER OF BUSINESS: CHUCK HEACOCK

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ELITE FITNESS COMPOUND

MAILING ADDRESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: Lulfiger M

DATE: 1/25/11

BASIC LICENSE NO. 8436

DATE 01/03/11

IDENTIFICATION NUMBER 138059

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

✓ Veronica

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

TELEPHONE: (661) 347-1111

OWNER OF BUSINESS: CHUCK HEACOCK

Charles  
2/6/64

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ELITE FITNESS COMPOUND

MAILING ADDRESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

Up 536470

DATE:

4/4/11

BASIC LICENSE NO. 8436

DATE 01/03/11

IDENTIFICATION NUMBER 138059

1/20

RB

**BUSINESS LICENSE  
APPLICATION REFERRAL**

(5)

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

TELEPHONE: (661) 347-1111

OWNER OF BUSINESS: CHUCK HEACOCK

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: ELITE FITNESS COMPOUND L.L.C.,

MAILING ADDRESS: 18655 SOLEDAD CYN, SANTA CLARITA, CA 91351

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**TREASURER & TAX COLLECTOR  
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

NATURE

DATE:

APRIL 14 2011

C LICENSE NO. 8436

DATE 01/03/11

IDENTIFICATION NUMBER 138059